PR001 30-Dec-14

Preliminary Report of Accident

U.S. Department of Labor

Mine Safety and Health Administration



			 		9			T.			F	
1. Accident Type: 2. Accident Classification					3. Date/Time of Accident			4. Date/Time of Death			5. Fatal Case No	
Fatal Injury Other Accident					04/18/2014 05:30 AM 04/1				8/2014	05:30 AM	16	
6. Mine Information :	, , , , , , , , , , , , , , , , , , ,										E	
a) Mining Company Name				c) Parent o	of Mining C	ompany					
Law River Company, I	LLC	(Crown Hill Doo	ck			L	.W Hai	nilton; W	arren Hylto	on	
7. Mine Location: a) City b) Coun					c) State 8. Min				ID Number: '9. Union:			
F	Kanawha WV				46-05382			NO				
10. Primary Mineral Mine	lumber of Mine) Underground	Underground c) Open Pi			d) M	ill/Prep Plant	ant e) Other				
BITUMINOUS			Employees:	6	0			0		0		0
12. Contractor Name: Allied Se					13. Un	ion NO		14. Contra J1N	ctor ID Num 1	ber:		
15, Contractor Address;	a) Ci	ty	····	b) County			e) St	ate	d) Z	ip Code	
г	Dunbar			Kan	awha			١	ΛV	25	064	
16, Number of Contractor		a) Tota	l b)	Underground		en Pit/Qu	iarry		d) Mill/Pro		e) Other	
	. ,	•	1	0	, •	C				0	0	
17. Number of Persons in I	Mine at Time of A	ccident;	•		18. Number	of Perso	ns Unac	counted F	`01':			
a) Mine Employees:	0	b) Cont	ractor Employee	s; 1	a) Mine E	mployee	s:	0	b) Co	entractor Em	ployees:	0
19) Location of Accident											20. Min	ing Height;
01-Underground 03-Open Pit 07-Advance Mining 30-Mill/Prep							Plant	Oth	er (specify)	Feet	Inches	
02-Surface at Underg	round	06-Dred	ge Mining	08-Retreat	Mining	X 99-0	Office Fa	cility			0	0
21. Nonfatal Injuries:	0 22,	Fatal Inju	ries:							,		
23. Victim Information :		a) Nam	e	<u> </u>	b) Age							q
	Tor	nmy E. f	Reynolds		58	٠						
c) Regular Job Title:	•		d) Activity	at Time of Acc	rident:						•	
Security Guar	rd .				Security					ХC	Contractor	Employee
24. Experience: Years		Years Weeks Days				Years Weeks Days Years Weeks Days						
a) Total: 12	0 0	b) at the r	nine: 12 0	0 c) a	t activity (23d)		2 0			Contractor	12 0	0
25. Autopsy Performed:	If Yes, Loca							26. Mi	ne Telepho			
YES Charlesto	on, WV State N	ledical E	kaminer					<u>.</u>	(304) 595-1452		
27. Description of Acciden												
On April 18,2014, a se berm along a roadway "Drowning" and that a	. He was foun	d with his	face submerg	ged in approx	dimately 12 in	person ches of	al vehi water.	cle into a An aut	a shallow opsy indi	diversion d cated that t	litch at the he death v	base of a vas
A request for determine chargeable until Dece			as submitted t	o the Agency	's Review Co	mmitte	e on Ju	une 11, 2	2014. Th	e case was	not deten	mined to be
<u> </u>	, =											
The information provided regarding the cause of the		ised on pre	liminary data Ol	NLY and does n	ot represent fin	al detern	nination	s regardin	ig the natui	e of the incid	ent or concli	isions
28. Equipment Manufactu	····			······································		29. N	Iodel:					
30. District:			32, Field Offi	ce;					33. Eve	nt Number:		
C0400 Mt. Hope				bon WV				6302681				
34. Accident Investigator:			\	35. MSHA Po	erson Notified:				D	ate	Time	:
Andrew J. Sedlock	(Roy E	Baker				04/18/	2014	06:13 A	
36, Type of Report:		37. Name of Preparer and E							Date			
Amended			Thomas C. Clark						12/30/2014			
38. Reason For Amendme						· ·	· ·					